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CONFIRMATION NO. 7897

<b>SERIAL NUMBER</b> 10/804,089	<b>FILING OR 371(c) DATE</b> 03/19/2004 <b>RULE</b>	<b>CLASS</b> 433	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> 66489-036-8
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

None JSW

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

GERMANY 103 12 848.4 03/21/2003

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

06/01/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>[Initials]</i> Initials			

## ADDRESS

25269

## TITLE

Data base, tooth model and restorative item constructed from digitized images of real teeth

<b>FILING FEE RECEIVED</b> 950	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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